(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures
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PASSESSEES	ce Offerings Including Voice Rate Data lection Form	FCC Form 481 DMB Control No., 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <0	30> 4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <	030> jay.bradbury@cox.com
<701>	Residential Local Service Charge Effective Date 1/1/2	2014
<702>	Single State-wide Residential Local Service Charge	

1000	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>		<b3></b3>	<b4></b4>		₹01
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
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(710) Broadband Price Offerings	MARINE STATE OF THE STATE OF TH	FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
	A STATE OF THE STA	July 2013

<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

<a1></a1>	#2 <a2> ***</a2>	 	 <b2></b2>	(c)	<d1></d1>	<d2></d2>	<d3>=</d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
	100							

Section in the second section in	erating Companies lection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		139001		
<015>	Study Area Name		Cox Connectio	out Telcom, LLC	
<020>	Program Year		2015		
<030>		USAC should contact regarding this data	Jay Bradbury		
<035>	Contact Telephone Num	nber - Number of person identified in data line <030>	4042699190 ex	ct.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	jay.bradbury	@cox.com	
<810>	Reporting Carrier	Cox Connecticut Telcom, LLC			
<811>	Holding Company	Cox Communications, Inc			
<812>	Operating Company	Cox Connecticut Telcom, LLC			
<813>		<al></al>		<82>	<93>
		Affillates		SAC	Doing Business As Company or Brand Designation
			-25 02 70		
		1000	Wand		
2	4.40				
		Epithi	10.000		XXXX
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		33330			

Study Area Name	No. 200	ection Form	5)		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060- July 2013	0819
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: 921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. 922> Feasibility and sustainability planning; 923> Marketing services in a culturally sensitive manner; 924> Compliance with Rights of way processes 925> Compliance with Land Use permitting requirements 926> Compliance with Facilities Siting rules 927> Compliance with Environmental Review processes 928> Compliance with Cultural Preservation review processes	<015> <020> <030> <035> <035>	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line < Contact Email Address - Email Address of person identified in data line <		Cox Connecticut Telcom, LLC 2015 Jay Bradbury 4042699190 ext.		
to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Select (Yes,No, NA) 921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. 922> Feasibility and sustainability planning; 923> Marketing services in a culturally sensitive manner; 924> Compliance with Rights of way processes 925> Compliance with Land Use permitting requirements 926> Compliance with Facilities Siting rules 927> Compliance with Environmental Review processes 928> Compliance with Cultural Preservation review processes	<920>	Tribal Government Engagement Obligation	and the	Name of Atta	ched Document	
community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes	to confir demons	m the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to	(Yes,	No,		
<923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes		community anchor institutions.				
<924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes		7.0	-	 		
<925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes		[]	-	 		
<926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes			-	-		
<927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes						
<928> Compliance with Cultural Preservation review processes				-		
<929> Compliance with Tribal Business and Licensing requirements.	<929>	Compliance with Tribal Business and Licensing requirements.	1			

100 ACC - 425 - 275 - 174	o Terrestrial Backhaul Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	139001	
<015>	Study Area Name	Cox Connecticut Telcom, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

(1200) Te Lifeline	erms and Condition for Lifeline Customers		AND THE STREET	FCC Form 481
	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Salth Salah (Salah (Sal				
<010>	Study Area Code		139001	
<015>	Study Area Name		Cox Connecticut Telcom, LLC	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding this data		Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data lin	e <030	> 4042699190 ext.	
<039>	Contact Email Address - Email Address of person identified in data lin	ne <030)> jay.bradbury@cox.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
				Name of Attached Document
<1220>	Link to Public Website	нттр —	http://www.cox.com/residential/pho	ne/lifeline.cox
or the we	neck these boxes below to confirm that the attached document(s), on line 12 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	7		
<1222>	Details on the number of minutes provided as part of the plan,	√		
<1223>	Additional charges for toll calls, and rates for each such plan.			

Data Col	rice Cap Carrier Additional Documentation lection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			FCC Form 481. OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	139001		
<015>	Study Area Name	Cox Connecticut Telcom, LLC		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com		
CHECK t	he boxes below to note compliance as a recipient of Incremental Connect Amer support as set forth in 47 CFR § 54.313(b),(c),(d),(마르막 이번 보았다. 남편에 하시면 하시는 아이들이 보았다. 그리고 아이를 하는 것이 되었다. 얼마나 되었다.		다른 10 전에 가는 10 전에는 기업을 가득했다고 있습니다. "He had been head and a head head head head head head head h
	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))			
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}			
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Certification			
<2013>	2014 Frozen Support Certification			
<2014>	2015 Frozen Support Certification			
<2015>	2016 and future Frozen Support Certification			
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))			
<2016>	Certification Support Used to Build Broadband			
	Connect America Phase II Reporting (47 CFR § 54.313(e))			
<2017>			\vdash	
<2018>	and Joseph and Service Community			
<2019>	Interim Progress Certification			
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi preceding calendar year.	t shall provide the number, names, and	on	
<2021>	Interim Progress Community Anchor Institutions	Name	4 Abrahad Dawaran	listing Required Information

000) Ra	te Of Return Carrier Additional Documentation		FCC Form 481	
	ection Form		TO THE REAL PROPERTY.	3060-0986/OMB Control No. 3060-0819
ata con			July 2013	
MINUTE IN				
<010>	Study Area Code	139001		
<015>	Study Area Name	Cox Connecticut Telcom, LLC		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	Jay Bradbury 4042699190 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	iay.bradbury@cox.com		
ALIENS A				
CHECK	he boxes below to note compliance on its five year service quality plan (pursual CFR § 54.313(fV2). I further certify that the	nt to 47 CFR 9.54.202(a)) and, for privately held carriers, ensuring the information reported on this form and in the documents attack	그리 전시장 경영 경영 경영 경영 이 경영 등 하나 있다.	nancial reporting requirements set forth in 47
				1
				1
(3010)	Progress Report on 5 Year Plan			Į.
	Milestone Certification (47 CFR § 54.313(f)(1)(i))			1
		Name of Attached Document Listing Required Inform	ation	-
ararar (Please check this box to confirm that the attached document(s), on line 3	8012 contains the required information pursuant to		
	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and address			
	providing access to broadband service in the preceding calendar year.			
1712711010101010				
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))			
		Name of Attached Document Listing Required Information		
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No))()	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	777	
	check these boxes to confirm that the attached document(s), on line 301	7 contains the required information cursuant to 5 54 313(ft)	2) compliance require	ae-
		, contains the required information pursuant to § 54.515(1)(2) compilance require	58.
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		41	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows		
				1
(3017)	If the response is yes on line 3014, attach your company's RUS annual	1		I
10.500.1	report and all required documentation	1		l
]
		Name of Attached Document Listing Required Information	\sim	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)		
	If the response is yes on line 3018, please check the boxes below to			
(2010)	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fi	ormat comparable to RUS Operating Report for Telecommunicatio	ns 🖳	
(3020)	Document(s) for Balance Sheet, income Statement and Statement of C	ash Flows		
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.		
(3021)		berran mer en southant 5 manual anam	4	
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),			
	contains:			
(3022)	Copy of their financial statement which has been subject to review by an			
	independent certified public accountant; or 2) a financial report in a			
	format comparable to RUS Operating Report for Telecommunications			
	Borrowers,			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Co	ash Flows		
12020	Attack the models at Batter and lad of		1	
(3026)	Attach the worksheet listing required information		- 1	
	I			
	L	B	1111	

Certification - Reporting Carrier PCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-							
<010>	Study Area Code	139001					
<015>	Study Area Name	Cox Connecticut Telcom, LLC					
<020>	Program Year	2015					
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury					
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.					
<030>	Contact Email Address - Email Address of person identified in data line <0205	dan berahaman					

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibil recipients; and, to the best of my knowledge, the information repo	ities include ensuring the accuracy of the annual reporting requirements for universal service su orted on this form and in any attachments is accurate.
Name of Reporting Carrier: Cox Connecticut Telcom, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/19/20
Printed name of Authorized Officer: Joiava Philpott	
Title or position of Authorized Officer: Vice President, Regula	atory Affairs
Telephone number of Authorized Officer: 4042690983 ext.	0.14
Study Area Code of Reporting Carrier: 139001	Filing Due Date for this form: 06/30/2014

THE PROPERTY OF THE PARTY OF TH	tion - Agent / Carrier lection Form	PCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 10fy 2013
<010>	Study Area Code	139001
<015>	Study Area Name	Cox Connecticut Telcom, LLC
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<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carr						
also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and d	ponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized provided to the authorized agent is accurate.					
Name of Authorized Agent:						
Name of Reporting Carrier:						
Signature of Authorized Officer:	Date:					
Printed name of Authorized Officer:						
Title or position of Authorized Officer:						
Telephone number of Authorized Officer:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent A	Authorized to File Annual Reports for CAF or LI Recipie	nts on Behalf of Reporting Carrier
	orized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informat	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:	1/2 W 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

Cox Florida Telcom, LLC

FCC For	m 481 - Carrier Annual Reporting Data Collection Form	The second secon	New York Control of the Control of t	FCC Form 481 OMB Control No. 3060 July 2013	-0986/GMB Control No. 3060-0819
<010>	Study Area Code	219019			
<015>	Study Area Name	Cox Florida Telcom	LP		
<020>	Program Year	2015			
<030>	Contact Name: Person USAC should contact with questions about this data	Jay Bradbury			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042699190 ext.			st
<039>	Contact Email Address: Email of the person identified in data line <030>	jay.bradbury@cox.com	n		
ANNUA	AL REPORTING FOR ALL CARRIERS		Trade Maria		54.313 54.422 Completion Completion Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached w	orksheet)	MILL
<200>	Outage Reporting (voice)		(complete attached w	orksheet)	
<210>		outages to report			WILL
<300>	Unfulfilled Service Requests (voice)				
<310>	Detail on Attempts (voice)				A THINK
				(attach descriptive d	ocument)
<320>	Unfulfilled Service Requests (broadband)				
<330>	Detail on Attempts (broadband)			(attach descriptive	document)
<400>	Number of Complaints per 1,000 customers (voice)				
<410>	Fixed				
<420> <430>	Mobile Number of Complaints per 1,000 customers (broadt	pand)			-
<440>	Fixed				
<450> <500>	Mobile Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate cer	rtification)	
<510>			(attached descripti	ive document)	
<600>	Functionality in Emergency Situations		(check to indicate cer	rtification)	
		All Levinson	7	LATE STREET NO.	
			(attached descriptive	document)	
<610>	1				
<700>	Company Price Offerings (voice)		(complete attached w	vorksheet)	
<710>	Company Price Offerings (broadband)		(complete attached w		THE STATE OF THE S
<800>	Operating Companies and Affiliates	114	(complete attached w		THE STATE OF THE S
	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability	(f)	es, complete attached w (check to indicate cer	and the second	
<1010:			(attoch descriptive d	locument)	
<1100	Terrestrial Backhaul (Y/N)?	(if	not, check to indicate ce	ertification)	
<1110>			(complete attached v		
<1200>	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Works	(complete attached s	worksheetj	
	Including Rate-of-Return Carriers affiliated with Pr	S SET TO TORSE OF			
<2000>	2		(check to indicate cer	mai di Armanda	illin.
<2005>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Works	(complete attached w	vorksheet)	
<3000>			(check to indicate cer	tification)	
<3005>			(complete attached w	vorksheet)	111111

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ervice Quality Improvement Reporting illection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	219019	N. B. St. Harris, J. St. St. St. St. St. St. St. St. St. St
<015>	Study Area Name	Cox Florida Telcom LP	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	the state of the s
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
	Please check these boxes below to confirm that the attached documents(s), on li 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service (Outage Reporting (Voice)
Data Collectio	

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Plorida Telcom LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
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		1-7										

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<701> <702>	Residential Local Service Charge Effective Date 1/1/2014 Single State-wide Residential Local Service Charge	

	<81>	<a2></a2>	<83>	<b1></b1>	<b2></b2>	<b3></b3>	 		<c> <c> <c> <c> <c> <c> <c> <c> <c> <c></c></c></c></c></c></c></c></c></c></c>
L	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and F
								180	
F									
-									
F									
H		100							
F								1000000	
	100-2-10								
-									
-								10000	

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013
-010- Study Asso Code	219019

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<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

160	<a1></a1>	(42)	<b1></b1>	<b2></b2>	(0)	<d1></d1>	(d)2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
\vdash			<u> </u>						
-									
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\vdash		76-	-						
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200	erating Companies ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		219019
<015>	Study Area Name		Cox Florida Telcom LP
<020>	Program Year	Lineary and the second	2015
<030>	Contact Name - Person	USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Nun	nber - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address	Email Address of person identified in data line <030>	jay.bradbury@cox.com
<810>	Reporting Carrier	Cox Florida Telcom, LP	
<811>	Holding Company	Cox Communications, Inc	
<812>	Operating Company	Cox Florida Telcom, LP	

<813>	<a1></a1>	<a2> ***</a2>	<a>
	Affiliates	SAC	Doing Business As Company or Brand Designation
9			
19	The state of the s		
9			
100			

	oal Lands Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	219019	
<015>	Study Area Name	Cox Plorida Telcom LP	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030		
<039>	Contact Email Address - Email Address of person identified in data line <030	> jay.bradbury@cox.com	
<910>	Tribal Land(s) on which ETC Serves	¥.	
<920>	Tribal Government Engagement Obligation	Name	of Attached Document
If your o	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes		
	m the status described on the attached document(s), on line 920,		
		Select	
	(a)(9) includes:	res,No,	
<921>	Needs assessment and deployment planning with a focus on Tribal	NA)	
<922>	Feasibility and sustainability planning;		
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
<927>	Compliance with Environmental Review processes		
<928>	Compliance with Cultural Preservation review processes		
<929>	Compliance with Tribal Business and Licensing requirements.		
			4

	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	erms and Condition for Lifeline Customers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <03	30> 4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <0	30> jay.bradbury@cox.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Nome of Attached Designed
		Name of Attached Document
<1220>	Link to Public Website	http://www.cox.com/residential/phone/lifeline.cox
or the we	check these boxes below to confirm that the attached document(s), on line 1210, besite listed, on line 1220, contains the required information pursuant to $P(a)(2)$ annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

Data Col	rice Cap Carrier Additional Documentation lection Form Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	219019		
<015>	Study Area Name	Cox Florida Telcom LP		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com		
CHECK t	he boxes below to note compliance as a recipient of Incremental Connect Ameri support as set forth in 47 CFR § 54.313(b),(c),(d),(d)			
	Incremental Connect America Phase I reporting		33 2222 3	
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))			
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}			
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Certification			
<2013>	2014 Frozen Support Certification			
<2014>	2015 Frozen Support Certification			
<2015>	2016 and future Frozen Support Certification			
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		144-1-1	
<2016>	Certification Support Used to Build Broadband			
	Connect America Phase II Reporting (47 CFR § 54.313(e))			
<2017>	3rd year Broadband Service Certification			
<2018>	5th year Broadband Service Certification			
<2019>	Interim Progress Certification			
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi preceding calendar year.	t shall provide the number, names, and		
<2021>	Interim Progress Community Anchor Institutions	Name of	Attached Document Listing R	lequired Information

	te Of Return Carrier Additional Documentation		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0319
Jata Coll	ection Form	1948 B.	July 2013
	Study Area Code	219019	
<015>	Study Area Name	Cox Florida Telcom LP	- 100
<020>	Program Year Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	iav.bradburv@cox.com	
CHECK t	he boxes below to note compliance on its five year service quality plan (pursua	nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring	compliance with the financial reporting requirements set forth in
	CFR § 54.313(f)(2). I further certify that the	ne information reported on this form and in the documents attac	thed below is accurate.
2			
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	1	
	minerous estimation fax eta 3 naturafilitibili	Name of Attached Document Listing Required Inform	nation
		10 (2012) 4 (2013) 11 (2013) 12 (2013) 13 (2013) 13 (2013) 13 (2013) 13 (2013) 13 (2013) 13 (2013) 13 (2013) 14 (201	HISTORY .
	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addreproviding access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))		
		Name of Attached Document Listing Required Information	
/2012\	It your company a Privately Held BOR Carrier (47 CER & SA 212(0)2))	(Yes/No)	
(3013)	is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No)	789
in the second		4	(2) compliance requires:
	check these boxes to confirm that the attached document(s), on line 301	r, contains the required information pursuant to § 54,313(f)	(z) compilance requires.
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		4
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows	
	THE STEET OF COMES ■ CONTROL TO THE TOTAL OF THE STEET OF CONTROL THE CONTROL		
(3017)	If the response is yes on line 3014, attach your company's RUS annual	1	1
	report and all required documentation		I
	We o no trave	Name of Attached Document Listing Required Information	\sim
(3018)	if the response is no on line 3014, is your company audited?	(Yes/No)	
	If the response is yes on line 3018, please check the boxes below to		
(3019)	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	armet comparable to DIII Operation December 7-1-1-1	
(2012)	Either a copy of their audited financial statement; or (2) a financial report in a f	ormat comparable to NUS Operating Report for Telecommunication	2015
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.	
	If the response is no on line 3018, please check the boxes below	an ann ann aine maidh a' theiltean fhailte a th' an an thirin a fhailte an th' Albaille an Thaile.	
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains:		
(3022)	Copy of their financial statement which has been subject to review by an		
	independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		-
	Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified		
5205250	public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	
(3026)	Attach the worksheet listing required information		
22	5 (8)		I
		Name of Attached Decument Listing Required Information	

Certificat Data Coll	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP

<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Cox Florida Telcom LP Signature of Authorized Officer: CERTIFIED ONLINE Date 06/19/2014 Printed name of Authorized Officer: Joiava Philpott Title or position of Authorized Officer: Vice President, Regulatory Affairs Telephone number of Authorized Officer: 4042690983 ext. Study Area Code of Reporting Carrier: 219019 Filing Due Date for this form: 06/30/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.